

**Georgia Department of Community Health  
DSH Notice of Intent to Transfer**

Notices of Intent to Transfer for DSH payments are **due by Monday, December 1, 2008.**  
Intergovernmental transfers for DSH payments are **due no later than 2 p.m. on Friday,  
December 12, 2008.**

Name of Governmental Unit Making IGT: \_\_\_\_\_  
(Notice of Intent to Transfer can be accepted only from hospital authorities, developmental  
authorities or other governmental entities. Notice cannot be accepted from participating  
providers.)

Name of affiliated provider(s)	IGT amount
1.	
2.	
3.	
4.	
5.	
Total IGT amount	

Expected method of transfer (select one):

EFT \_\_\_\_\_ ACH \_\_\_\_\_ Check \_\_\_\_\_

Designated contact if additional information is needed:

Name \_\_\_\_\_

Title / Organization \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_

**Return completed form by fax to Ms. Annetta Smith at (404) 657-4199 or by e-mail to  
[asmith@dch.ga.gov](mailto:asmith@dch.ga.gov)**